

MEDICAL EXAMINER JURISDICTION, CAUSE AND MANNER OF DEATH, AND DEATH CERTIFICATION

Accuracy and Timeliness in Death Certification

- The death certificate must be completed before final disposition of the body; delay in completing and signing may interfere with funeral arrangements
- Significant implications in death benefits paid to families (for example, workers' compensation claims; double indemnity payments in cases of accidental death)
- The death certificate is the source of information for regional, state, and national mortality data, which in turn is used for funding and directing research and public health efforts



Jurisdiction: Who Should Complete and Sign the Death Certificate?

- In most natural deaths, a treating physician is responsible for the medical certification of death, including deaths which occur outside of health care facilities or in which the physician is not physically present
- The medical certification of death is to be completed within 48 hours of death
- The medical examiner may assume jurisdiction only under certain circumstances
- Non-medical examiner cases will be signed by "the physician in charge of the patient's care for the illness or condition that resulted in death...In the absence of the physician, the certificate may be completed and signed by another physician designated by the physician" (TCA 68-3-502)
- Certifier immune from civil suit if completed in good faith; failure to do so may result in discipline of medical license



Medical Examiner Certification of Death

- The county medical examiner for the county in which the death occurred should be notified in "any case involving a homicide, a suspected homicide, a suicide, or a violent, unnatural, or suspicious death" (TCA 38-7-106)
- Examples include:
 - Deaths due or related to acute overdose of legal or illegal drugs and/or alcohol
 - Deaths due to drowning
 - Deaths due to thermal or chemical burns, or smoke inhalation
 - Death by disease, injury, or toxicity resulting from employment
 - Deaths due to hypo- or hyperthermia
- In such cases, the county medical examiner "shall investigate and certify the death certificate" (TCA 68-3-502-d)



Medical Examiner Certification of Death: Delayed Non-natural Deaths

- If any external force or entity is related in any way to death, the manner of death cannot be considered natural
- All non-natural deaths fall under medical examiner jurisdiction
 - Jurisdiction is based on the county in which death was pronounced
- The interval of time elapsed between injury and death is irrelevant
- Examples of delayed deaths include:
 - An elderly person who dies months after becoming bedridden after a fall;
 - A person who dies of pneumonia due to paraplegia resulting from a car accident years before;
 - A person who dies a week after an anoxic brain injury caused by choking on food



Other Deaths Which Should Be Reported to the Medical Examiner

- Deaths of prisoners or those in state custody
- Sudden, unexpected deaths of infants and children
- Deaths of adults lacking a medical diagnosis which could reasonably result in death
- Deaths due to hypo- or hyperthermia
- Death of a fetus greater than 20 weeks gestation or weighing at least 350 grams resulting from maternal trauma or acute drug use
- Deaths due to suspected abuse or neglect of residents of long-term care facilities
- Unidentified human remains



Deaths Which Must Be Reported to the County Medical Examiner

Deaths due to or related to any type of violence or trauma

Deaths due or related to acute overdose of legal or illegal drugs and/or alcohol

Sudden, unexpected deaths of infants and children

Deaths of adults lacking a medical diagnosis which could reasonably result in death

Deaths due to drowning

Deaths due to thermal or chemical burns, or smoke inhalation

Death by disease, injury, or toxicity resulting from employment

Deaths of prisoners

Deaths due to hypo- or hyperthermia

Death of a fetus greater than 20 weeks gestation or weighing at least 350 grams resulting from maternal trauma or acute drug use

Deaths due or related to any of the above or any other non-natural event, regardless of the time elapsed between the injury and death. If death is related in any way to a discrete injury or poisoning event, the period of time between the non-natural event and the death is irrelevant. Examples of delayed deaths include:

- An elderly person who dies months after becoming bedridden from a fall
- A person who dies of urosepsis due to paraplegia following a car crash years before
- A person who develops pneumonia as the result of anoxic brain injury after choking on food



Physician Certifiers

- One of the responsibilities of a primary care physician is to provide death certification for his or her patients who die of natural, diagnosed causes, even if the physician was not present at the time of death
 - If the patient has not been seen by the physician in the four months leading up to death, the physician may still certify the death, or may refer case to the county medical examiner
- Other physicians knowledgeable with patient history may also certify deaths
 - Examples: cardiologist, oncologist, emergency room physician



When and Where Death Occurs

- T.C.A. 68-3-501 (Uniform Determination of Death Act): death occurs when either:
 - Irreversible cessation of cardiac and respiratory systems occurs; or
 - Irreversible cessation of function of entire brain occurs
- T.C.A. 68-3-502: when a body is discovered dead, the place, date, and time of death are when and where the body was found



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34e DESCRIBE HOWINJURY OCCURRED

34' LOCATION OF POURY (Sheet and Number, City or Town, State)

CERTIFIER
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

MEDICAL CERTIFICATION

26. CERTIFIER (Check only one):					
_	f my knowledge, death occurred at the da	•			
26b. MEDICAL EXAMINER - 0	On the basis of examination, and/or inves	stigation, in my opinion, death occurre	d at the date, and place, and	d due to the cause(s) and manner stated.
27a. SIGNATURE OF CERTIFIER		27b. LICENSE NUMBER	27c. DA	ATE SIGNED (Month	, Day, Year)
•		27d. NAME AND ADDRESS			
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IMMEDIATE CAUSE					
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Sequentially list conditions, If any, leading to the cause					
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in death) LAST					
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			29b. WEF	RE AUTOPSY FIND	NGS AVAILABLE: TO
			COMPLE	TE THE CAUSE OF	DEATH? Yes No
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■ Accident ■ Pending Investigation	1 = = 1	Pregnant at time of de		Unknown if n	regnant within the past year
Suicide Could not be determ			nant within 42 days of deati		
33. IF TRANSPORTATION INJURY, SPECIFY:		TIME OF 34c INJURY AT WORK?		–at home, farm, stre	et, factory, office, building, etc.
Driver/Operator	(Month, Day, Year)	Yes No	(Specify)		
Passenger					
Pedestrian	34e. DESCRIBE HOW INJURY OCCUR	RRED	34f. LOCATION OF INJU	RY (Street and Nun	nber, City or Town, State)
Other (Specify)					
			•		



VRISM



MAILING . ADDRESS
Tennessee Office of
Vital Records
Andrew Johnson Tower, 1st Floor
710 James Robertson Parkway
Nashville, TN 37243

P H O N E 1-(855) -VRISMTN



TENNESSEE VRISM

The purpose of the Tennessee VRISM system is to support the registration of Tennessee vital events for the Tennessee Department of Health and other users such as funeral directors, attending physicians, medical examiners and birthing facilities. This system may be used only for the purpose for which it is provided. Any attempt to file fraudulent certificates of live birth, death or reports of fetal death is punishable in accordance with Tennessee statutes.

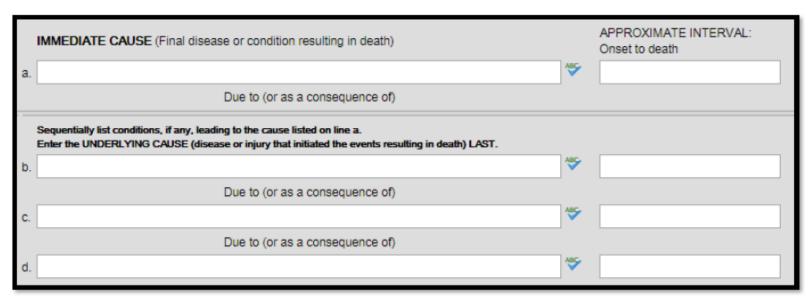
By accessing this system, I agree to use this system only for the purpose of registering a Certificate of Live Birth, Certificate of Death or Report of Fetal Death for events occurring in the State of Tennessee.

I understand that failure to adhere to the above agreement will result in loss of access to the VRISM system. Any unauthorized access, misuse and/or disclosure of information may result in disciplinary action including, but not limited to, suspension or loss of individual or facility access privileges, an action for civil damages, or criminal charges.

LOGIN



Part I: Cause of Death Statement



- All lines do not have to be used
- List, in sequential order, conditions responsible for death:
 - ONE CONDITION per line
 - AVOID ABBREVIATIONS
 - IMMEDIATE CAUSE OF DEATH FIRST, UNDERLYING CAUSE OF DEATH LAST: THE BOTTOM LINE IS THE BOTTOM LINE



Cause of Death Statement

- Cause of death is defined as "the <u>anatomic</u> disease or injury that <u>initiated</u> the train of morbid events leading directly to death"
- The cause of death statement on the death certificate represents the medical opinion of the certifier
- More likely than not



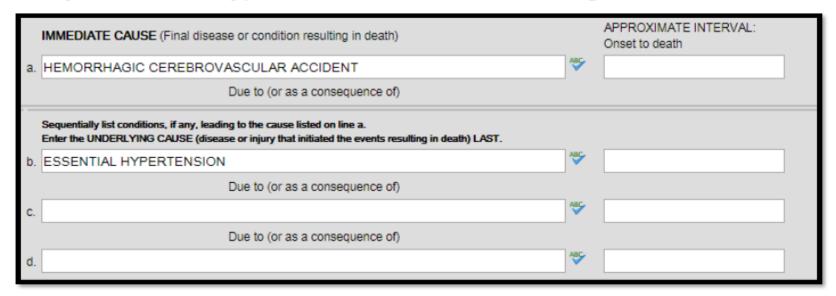
"To the best of my knowledge..."

of.	PHYSICIAN-To the best of my knowledge, death occurred at the date, time, and place, and due to the cause(s) and manner stated.
	MEDICAL EXAMINER-On the basis of examination, and/or investigation, in my opinion, death occurred at the date, time, and place, and due to the cause(s) and manner
stat	red.

 Tennessee code grants civil immunity to certifying physicians acting in good faith (TCA 68-3-513)

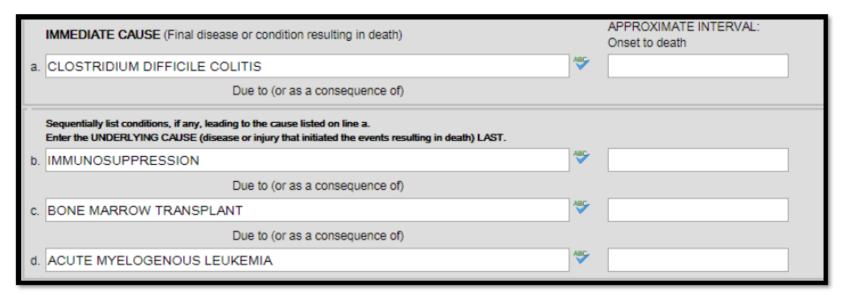


56 year old with hypertension suffers a hemorrhagic stroke





43 year old receives a bone marrow transplant and develops C. difficile colitis



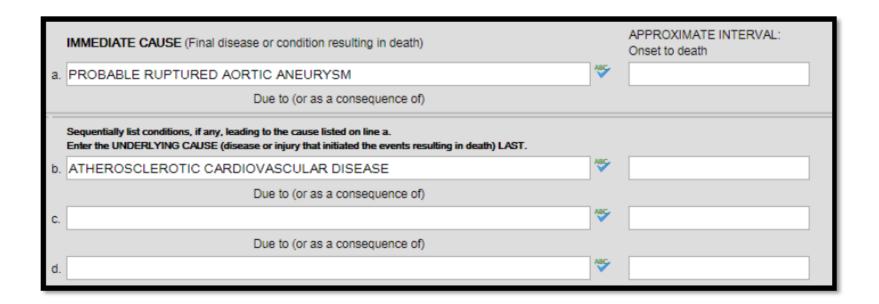


- It may not be possible to identify the precise physiologic sequence (mechanism) leading up to death
- In such cases, the known diagnosis which could reasonably account for death should be listed as the cause
- Example: patient in hospice with metastatic lung cancer

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a. ADENOCARCINOMA OF LUNG WITH METASTASES TO BRAIN	ABC	
Due to (or as a consequence of)		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		
b.	ABC	
Due to (or as a consequence of)		
c.	ABC	
Due to (or as a consequence of)		
d.	ABC	



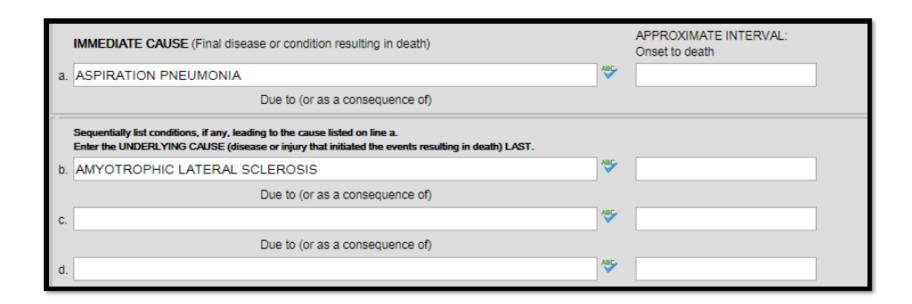
- It is acceptable to use the terms "probable", "possible", or "suspected"
- Example: 86 year-old with 7 cm abdominal aortic aneurysm found dead at home with distended abdomen





Aspiration Pneumonia

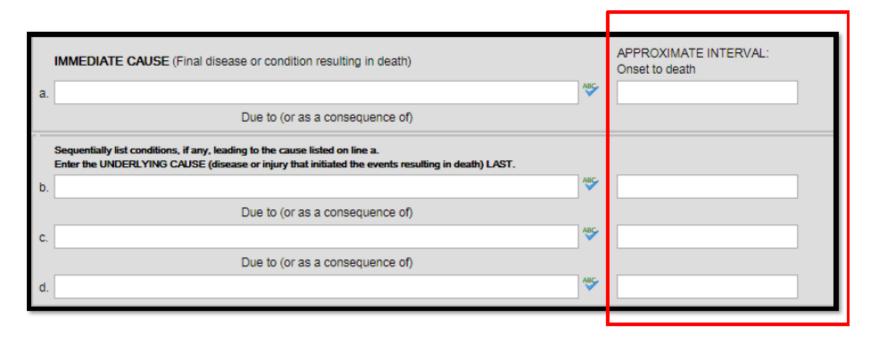
- Most cases of aspiration pneumonia occur in neurologically compromised patients
- The underlying disease process causing the impairment should be listed as the cause of death





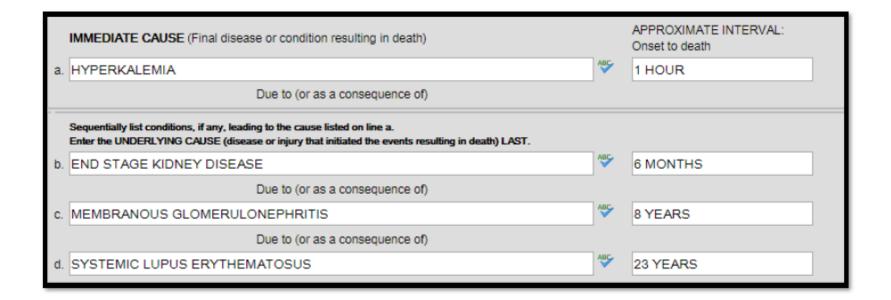
Interval: Onset to Death

- Underlying cause of death is listed last
- Shortest interval at top, longest at bottom, in sequential order



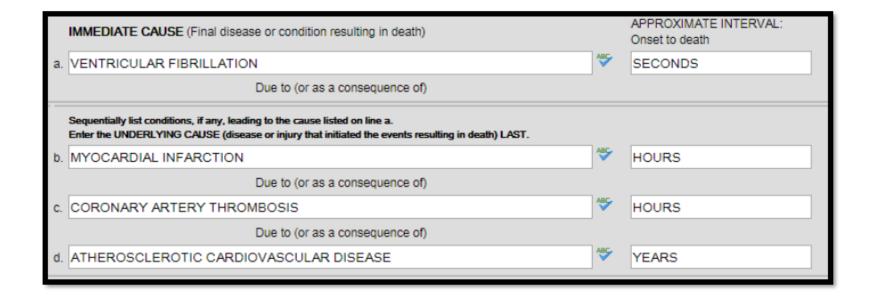


Interval: Onset to Death: Examples



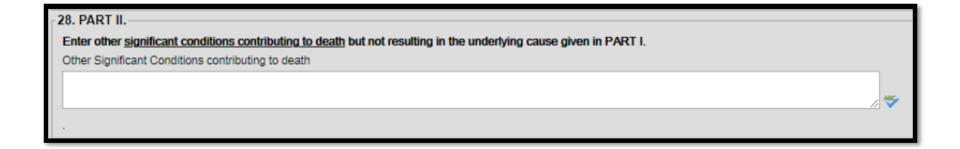


Interval: Onset to Death: Examples





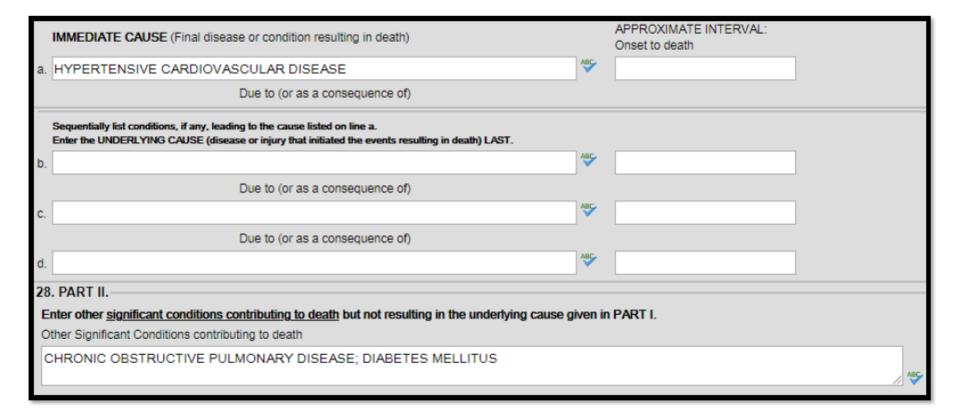
Part II: Contributory Causes of Death





Part II: Contributory Causes of Death

- Conditions which contributed to but did not directly lead to death
- May list more than one contributory cause of death
- 75 year-old with hypertension, diabetes, and chronic obstructive pulmonary disease found dead at home without antecedent complaints

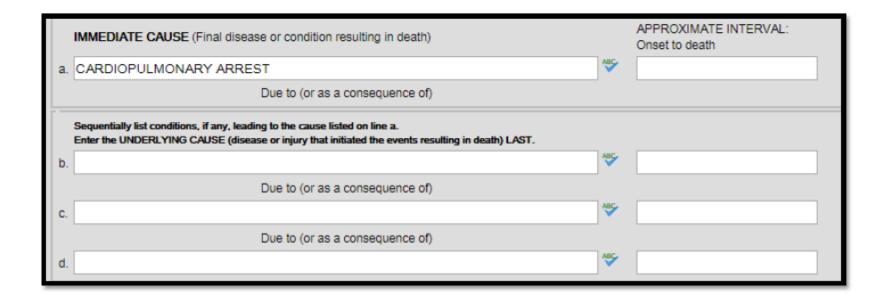


Cause versus Mechanism of Death

- Recall that the cause of death is the anatomic disease or injury that initiated the train of events leading to death
- Mechanisms of death are non-specific physiologic processes
- Mechanisms of death should <u>not</u> be listed as the sole or underlying cause of death
- Examples: exsanguination, respiratory arrest, arrhythmia, asphyxia, anoxic brain injury, metabolic acidosis



Non-specific Mechanisms of Death: Examples: More Information is Required

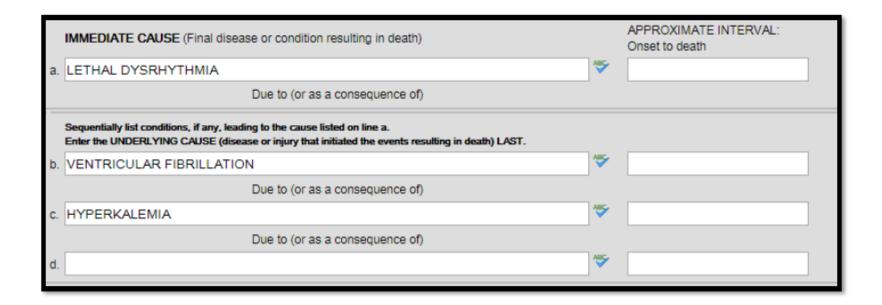




Non-specific Mechanisms of Death: Examples: More Information is Required

Unlikely Underlying Cause

The condition you reported on the lowest box in Part I HYPERKALEMIA usually develops as a complication of another more specific condition.





CDC: Additional Information Required

Abscess

Abdominal hemorrhage

Adhesions

Adult respiratory distress syndrome Cirrhosis

Acute myocardial infarction

Altered mental status

Anemia

Anoxia/anoxic encephalopathy

Arrhythmia Ascites

Aspiration

Atrial fibrillation

Bacteremia

Bedridden

Biliary obstruction

Bowel obstruction

Brain injury

Brain stem herniation

Carcinogenesis Carcinomatosis

Cardiac arrest

Cardiac dysrhythmia Cardiomyopathy

Cardiopulmonary arrest

Cellulitis

Cerebral edema

Cerebrovascular accident

Cerebellar tonsillar herniation

Chronic bedridden state

Coagulopathy

Compression fracture Congestive heart failure

Convulsions Decubiti Dehydration

Dementia (when not otherwise

specified) Diarrhea

Disseminated intravascular

coagulopathy Dysrhythmia

End stage liver disease End stage renal disease Epidural hematoma Exsanguination Failure to thrive

Fracture Gangrene

Gastrointestinal hemorrhage

Heart failure Hemothorax Hepatic failure

Hepatitis

Hepatorenal syndrome

Hyperglycemia Hyperkalemia Hypovolemic shock Hyponatremia Hypotension

Immunosuppression

Increase intracranial pressure Intracranial hemorrhage

Malnutrition

Metabolic encephalopathy

Multiorgan failure

Multisystem organ failure

Myocardial infarction Necrotizing soft tissue infection

Old age

Open (or closed) head injury

Pancytopenia Paralysis

Perforated gallbladder

Peritonitis Pleural effusions Pneumonia Pulmonary arrest Pulmonary edema

Pulmonary embolism Pulmonary insufficiency

Renal failure

Respiratory arrest

Seizures Septic shock Shock Starvation

Subdural hematoma

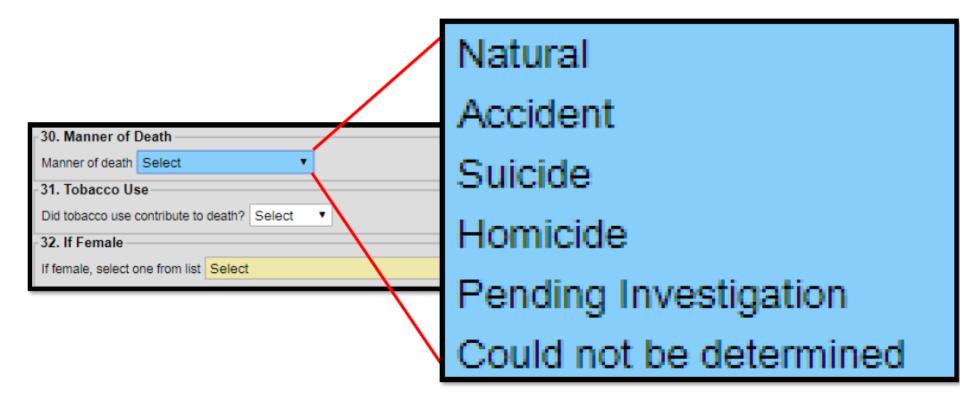
Subarachnoid hemorrhage

Sudden death Thrombocytopenia Uncal herniation Urinary tract infection Ventricular fibrillation Ventricular tachycardia Volume depletion

Source: CDC: Physicians' Handbook on Medical Certification of Death



Manner of Death





Manners of Death: Natural

- If a discrete injury or poisoning event contributed in any way to death, regardless of time elapsed between the event and death, the manner of death cannot be considered to be natural
- All non-natural deaths are to be reported to the medical examiner of the county in which death occurred
- Only one manner of death may be selected
- The non-medical examiner certifier of death is limited to "Natural" and "Pending" as choices for manner of death



Manners of Death: Pending

 "Pending" is reserved for those cases in which the cause and/or manner of death cannot be determined within the 48 hours after death, but further information or investigation is expected (e.g., autopsy results)

 An additional form, the Delayed Report of Diagnosis, with the definitive cause and manner of death must be completed and signed within six

months

	3	DELAY	TENNESSEE D			- DEATH			
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BLACKINK.	Se. AGE-Last Bethday (Years)	Days	Sc UNDER 1 DAY Hours	6. DATE OF BIRTH (Month, Day, Year)			n		
ADMIATED REPORT OF DIAGNOSIS MAY DE DIED E THE	Ob. FACILITY NAME (Fnot institution,	er)	Sc. CITY OR TOWN SE. COUNTY			6d COUNTY OF DEAT	TH .		
CAUSE OF DEATH CANNOT DE DETERMINED	24. REGISTRAR'S SIGNATURE				25. DATE FILED (Month, Day, Year)				
WITHIN 48 HOURS.	White 8 10 CERTIFIED (Check only one): 200 PHYSICIAN -To be best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. 200 PHYSICIAN -To be best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. 200 PHYSICIAN -To be best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.						() and manner stated.		
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	substitution from the control and substitution of the control								
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	30. MARRIER OF DEATH 31. SID TOBACCO USE 33. IF FEMALE: 180 TOBACCO USE 33. IF FEMALE: 180 TOBACCO USE 180 England Aith 180 Englan					year	Not pregnar 1 year befor	nt, but pregnant d3 days to	
	20. IF TRANSPORTATION BUUNN, SPECIFY) DriverOperator Passenger Procedum	34a. DATE OF IN (Month, Day, 34e. DESCRIBE H		☐ Yes [No	(Specify)	INJURY (Street and Nur	rt, factory, office, building, etc.	
	DH-1665 (Rev. 19/2811)							MDA 1390	



Manners of Death: Non-Natural; Reserved for County Medical Examiner

- Accident: death due to injury or poisoning without intent to cause harm
- Homicide: death resulting from a volitional act by another person intended to cause fear, harm, or death
- Suicide: death resulting from injury or poisoning as a result of an intentional self-inflicted act committed to cause self-harm
- Could not be determined: either too much or too little information to determine manner of death to a reasonable degree of medical certainty
- The period of time elapsed between the injury and the death does not alter the manner of death



Manners of Death: Examples

- 83 year old falls at home; admitted to hospital for ORIF of left femur; hospital course complicated by pneumonia, MI, ARF; dies two months later with mucus plug of trach
 - Manner of death: accident; cause of death: complications of left femur fracture
 - Apply the "but-for" principle: "but-for" the fall, the abovelisted complications would not have occurred
 - Time elapsed between injury and death is irrelevant
 - DID NOT RETURN TO PRE-INJURY LEVEL OF FUNCTION



Manners of Death: Examples

- 53 year-old paraplegic dies of urosepsis
 - Paraplegia is due to ruptured spinal AVM: manner of death is natural
 - Paraplegia is due to injuries sustained in MVA ten years prior to death: manner of death is accident
 - Paraplegia is due to self-inflicted gunshot wound to chest three years prior to death: manner of death is suicide
 - Paraplegia is due to gunshot wound to spine after decedent discovered in flagrante delicto with a spouse not his own thirty years ago: manner of death is homicide

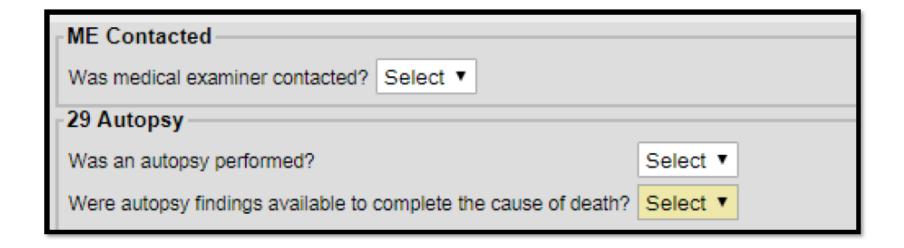


Manners of Death: Therapy-Related Deaths

- Deaths occurring as the result of a foreseeable complication of accepted therapy for natural disease are classified as **natural**
 - Example: Stevens-Johnson syndrome after Bactrim therapy; bone marrow suppression due to chemotherapy
- Deaths occurring as the result of improper use of medical equipment or of equipment malfunction are classified as accident

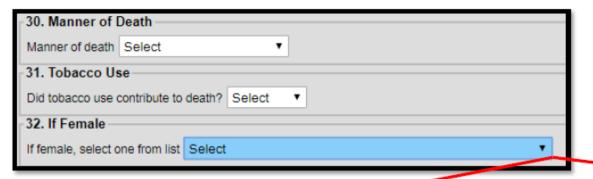


Other Required Fields





Other Required Fields



Not pregnant within past year
Pregnant at time of death

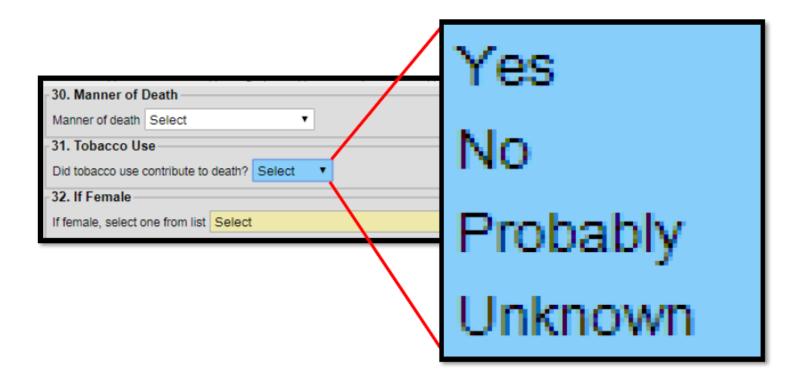
Not pregnant, but pregnant within 42 days of death

Not pregnant, but pregnant 43 days to 1 year before death

Unknown if pregnant within last year



Other Required Fields





An 80 year-old man was seen by a nurse practitioner two months ago for routine follow-up of his hypertension, diabetes mellitus, and chronic obstructive pulmonary disease. He was found dead at home without any signs of trauma, foul play, or drug overdose. Who should sign the death certificate?

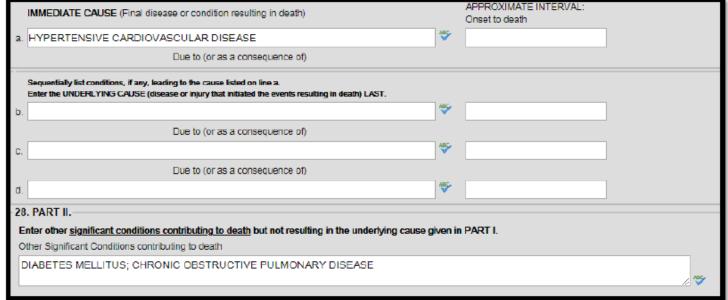
- a. The nurse practitioner.
- b. The county medical examiner, as the death was unwitnessed.
- c. The county medical examiner, because the cause of death cannot be determined to a reasonable degree of medical certainty.
- d. The physician supervising the nurse practitioner.



Answer: d.

The physician supervising any health care extender providing the patient's care for the illness which results in death should sign the death certificate.

In this case, the cause of death in part I could be listed as "hypertensive cardiovascular disease", with diabetes mellitus and chronic obstructive pulmonary disease listed in part II as other significant conditions.





An elderly person complained of left-sided chest pain and tightness shortly before collapsing. She was transported to the emergency department, where she was pronounced dead. Her family relates a history of multiple myocardial infarctions and high cholesterol, which were confirmed by the staff at her local physician's office. Who should sign the death certificate?

- a. The patient's primary care doctor.
- b. The emergency room physician.
- c. The patient's cardiologist.
- d. Any of the above.



Answer: d.

The emergency room doctor, the patient's regular physician, or another physician who has treated the patient for the illness causing death (for example, a cardiologist) may sign the death certificate.

If none of these does so, the chief medical officer of the institution in which death is pronounced is to sign the death certificate (TCA 68-3-502).



I am a primary care physician in a small rural community. One of my longtime patients, an elderly man with multiple medical problems, has been found dead at home. I have not seen the patient in eight months. Who will sign the death certificate?

- a. The primary care doctor, even though it has been more than four months since the patient was last seen.
- b. The county medical examiner, as the patient had not been seen by the primary care doctor within four months.
- c. Either a or b may sign.



Answer: c.

The primary care physician, as the person most familiar with the decedent's medical history, is the most appropriate person to complete the death certificate. A physician treating a patient for the disease process accounting for death is obligated by statute to complete and sign the death certificate if the patient has been seen within the four months prior to death.

However, if the treating physician has not seen the patient in the four months before death, and the death occurs outside of a health care facility, the case may be referred to the county medical examiner in the county in which death occurred. The county medical examiner may then review medical records and issue the death certificate.



I am a pediatrician. I cared for an 8 year-old with profound developmental delays requiring mechanical ventilation who was found dead at home a few days after I diagnosed her with pneumonia. Who should sign the death certificate?

- a. The county medical examiner, as the pneumonia should have been resolving with appropriate therapy.
- b. The pediatrician.
- c. The decedent's neurologist, as the pneumonia was the result of developmental delays requiring mechanical ventilation.
- d. It depends on the underlying cause of the developmental delays.



Answer: d. It depends.

If the developmental delay is the result of a natural cause (for example, birth asphyxia resulting from a nuchal cord), the pediatrician or another physician attending to the patient will sign the death certificate.

If the developmental delay is due to a non-natural event (for example, remote abusive head trauma), the county medical examiner should be notified, as such a death is properly classified as homicide.



I am the medical director of a nursing home. I will be out of the country for two weeks on a medical mission trip. How should death certificates be handled in my absence?

- a. Sign multiple blank death certificates and leave them with the chief of nursing to complete.
- b. Another physician should be designated as the responsible party for death certification in the absence of the medical director.
- c. Any deaths occurring during the absence of the medical director may be certified on his or her return to the country.



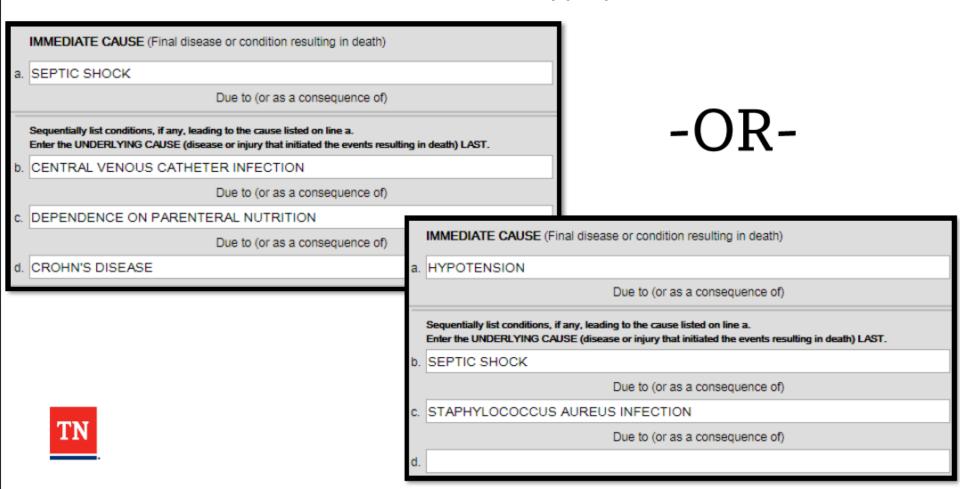
Answer: b.

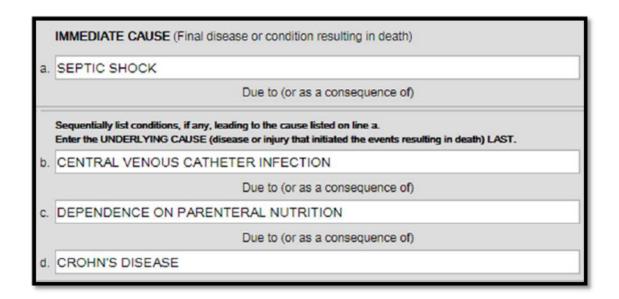
Do not sign blank death certificates. Your signature on the death certificate avers, "To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated". The medical certification of death is to be completed within 48 hours of death.

You must designate another physician to sign death certificates during your absence, just as you would for medical emergencies.



A patient was dependent on parenteral nutrition because of multiple enterocutaneous fistulae. She died in the intensive care unit after developing sepsis due to infection of an indwelling central venous catheter. Which cause of death certification is most appropriate?



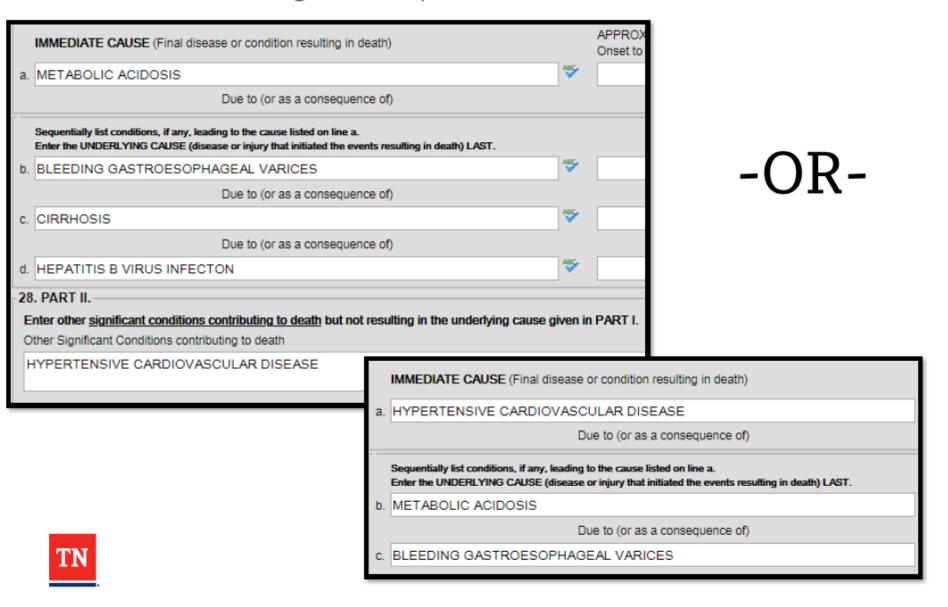


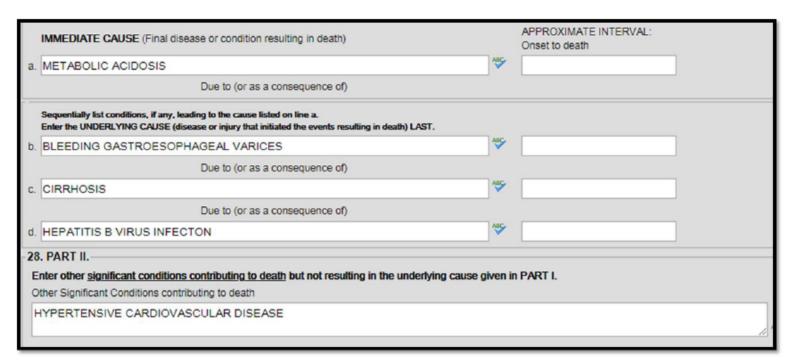
The above classification of cause of death is precise, sequentially plausible, and lists a specific anatomic process, Crohn's disease, as the underlying cause of death.

"Hypotension due to septic shock due to Staphylococcus aureus infection" provides multiple mechanisms of death without listing a true cause of death.



Which of the following is an acceptable certification of death?





The cause-of-death statement above follows a logical sequence, lists the underlying disease process responsible for death last, and includes hypertensive cardiovascular disease as a contributory cause of death.

The alternative example reads, from top to bottom, "Hypertensive cardiovascular disease due to metabolic acidosis due to bleeding gastroesophageal varices", which implies that hypertension is the result of metabolic acidosis, and fails to indicate the etiology of the varices.



Which of the following is an acceptable certification of death?

 FART I. Criter the <u>chain or ever</u> respiratory arrest, or ventricular f 	Approximate injerval. Onset to death			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions.	a_	COMPLICATIONS OF MULTIPLE SCLEROSIS Due to (or as a consequence of)		YEARS
If any, leading to the cause isted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		Due to (or as a consequence of): Due to (or as a consequence of):		
PART II. Other significant condition	RFORMED?			
30. MANNER OF DEATH Natural Homicide Accident Pending Investig		Mo Uleksoner Distance and but an executivities 40 de	Not pregnant	t, but pregnant 43 days to

 PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal even respiratory arrest, or ventricular fibrillation without showing the edidogy. Enter only one cause on a line. 	Approximate interval: Onset to death		
IMMEDIATE CAUSE (Final disease or condition ————————————————————————————————————		DAYS	
resulting in death) Sequentially list conditions, b. PARAPLEGIA Due to (or as a consequence of)		32 YEARS	
If any, leading to the cause listed on line a Enter the UNDERLYING CAUSE c. GUNSHOT WOUND TO TORSO, REMOTE			
(disease or injury that Due to (or as a consequence of): initiated the events resulting d.	Due to (or as a consequence of):		
in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	RFORMED?		
	29b. WERE AUTOPSY FIND COMPLETE THE CAUSE OF	INGS AVAILABLE TO	
30. MANNER OF DEATH 31. DID TOBACCO USE CONTRIBUTE TO DEATH? Not pregnant within past year Probably Pregnant at time of death Not pregnant within 42 dr	Not pregnan 1 year before	I, but pregnent 43 days to	



28 PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly coused the death. DO NOT enter terminal even respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.	Approximate interval: Onset to death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. COMPLICATIONS OF MULTIPLE SCLEROSIS Due to (or as a consequence of)					
Sequentially is conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE c. Due to (or as a consequence of):	Due to (or as a consequence of):				
(disease or injury that Due to (or as a consequence of): industed the events resulting in death). LAST d.	Due to (or as a consequence of):				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	RFORMED?				
	29b. WERE AUTOPSY FIND COMPLETE THE CAUSE OF				
30. MANNER OF DEATH 31. DID TOBACCO USE S2. IF FEMALE Notured Horricide Yes Probably Pregnant at time of death Suicide Could not be determined No Unknown Not pregnant, but pregnant within 42 death	1 year before	it, but pregnant 43 days to e death pregnant within the past year			

If the precise physiologic mechanism of death is unclear, it is acceptable to use the term "complications of" a known disease process which could reasonably account for death.

Although "urosepsis due to paraplegia due to gunshot wound to torso, remote", is an accurate and specific cause of death, the manner of death cannot be considered natural, and the case should be referred to the county medical examiner. The interval of time elapsed between the injury and death does not affect or change the manner of death.





THANK YOU